



**DEPARTMENT OF THE NAVY**  
NAVAL AMPHIBIOUS BASE LITTLE CREEK  
2600 TARAWA COURT SUITE 100  
NORFOLK, VIRGINIA 23521-3297

IN REPLY REFER TO:  
NAVPHIBASELCREEK/  
REGPUBSAFETYINST 12700.1A  
N02MS  
28 SEP 2001

NAVPHIBASELCREEK/REGPUBSAFETY INSTRUCTION 12700.1A

Subj: CIVIL SERVICE EMPLOYEE APPROPRIATED FUND (APF) HEALTH  
AND WELLNESS PROGRAM

Encl: (1) Civil Service Employee (APF) Health and Wellness  
Program Statement  
(2) Civil Service Employee (APF) Health and Wellness  
Program Record Sheet (optional)

1. Purpose. To establish and provide guidance for implementing a Naval Amphibious Base Little Creek (NAVPHIBASE LCREEK)/Regional Public Safety (REGPUBSAFETY) Civil Service Employee Appropriated Fund (APF) Health and Wellness Program.

2. Scope. This instruction is intended for all Department of Defense Civil Service (APF) employees assigned to the NAVPHIBASE LCREEK/REGPUBSAFETY staffs.

3. Background. This program is established to give civil service employees (APF) the opportunity to increase their physical health and wellbeing and benefit NAVPHIBASE LCREEK/REGPUBSAFETY by reducing the use of sick leave and thereby increasing productivity.

4. Policy. The following policy guidelines are established for the NAVPHIBASE LCREEK/REGPUBSAFETY Civil Service Employee (APF) Health and Wellness Program:

a. Supervisors may grant up to 59 minutes, three times per week, for employees to participate in physical fitness activities such as walking, jogging, aerobics, etc. This time is considered part of the normal workday and working hours will not be extended to accommodate the physical fitness program. This extended period includes time for changing clothes and clean-up.

b. The program will be conducted in one or more of the following approved activities: running, walking, swimming, weight training, aerobics, tennis, biking, basketball, competitive volleyball/badminton, racquetball, or handball. Selecting one particular activity does not preclude a participant from changing to another at a later date or alternating among several.

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c. Only facilities actually located onboard the activity where NAVPHIBASE LCREEK/REGPUBSAFETY personnel are assigned shall be used when participating in the program. At no time shall the physical fitness activity be authorized off the assigned base.

d. The directorate/department's designated Civilian Personnel Coordinator shall be the program monitor.

6. Procedures. Individuals participating in the program are advised of the following:

a. Employee participation is completely voluntary (see enclosure (1)) and is contingent upon management approval. Due to its voluntary nature, personnel opting not to participate shall not be allowed equal "time off". Enclosure (2) is an optional form that can be used by management to monitor employee participation in the Health and Wellness Program.

b. When workload does not permit justification for participation at the normal time, the supervisor may allow the individual to reschedule their fitness activity for an alternate time of day, provided it does not exceed the authorized 59-minute period. If workload requirements totally preclude release on a given day, the supervisor may allow the employee to reschedule for another day. Employees may not, however, "bank" their hours to allow more than the 59 minutes on any given day.

c. Immediate supervisors have the authority to take corrective action when abuse of privileges is suspected or identified. Corrective action may include the withdrawal of participation privileges and disciplinary action, if deemed necessary.

7. Responsibilities

a. The NAVPHIBASE LCREEK/REGPUBSAFETY Executive Officer is responsible to the Commanding Officer/Program Manager for the conduct of the staff program. The Management Support Office (N02MS) shall be responsible for the administration of the program.

b. Directors/Department Heads shall be responsible for the establishment of this program within their respective directorates/departments. Directors/Department Heads shall also designate, in writing, a Directorate/Department Civilian Personnel Coordinator to oversee the program if one has not been previously designated. A copy of this designation shall be provided to the Management Support Office (N02MS).

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c. A medical screening is recommended but not required for each individual before commencement of the program. The cost for the screening is the responsibility of the individual.

d. Employees who choose to participate shall forward enclosure (1) to their Directorate/Department's Civilian Personnel Coordinator, via their immediate supervisor. All activities and individual plans to be pursued should be listed on enclosure (1); e.g., swimming during summer, tennis in fall, walking during winter, racquetball in spring, etc. The Directorate/Department's Civilian Personnel Coordinator shall monitor the fitness program, while scheduling is the immediate supervisor's responsibility.



JAMES I. O'KEEFE III

Distribution:  
NAVPHIBASELCREEK/REGPUBSAFETYINST 5216.1P  
List I - Case C

Stocked by:  
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Naval Amphibious Base Little Creek  
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Norfolk, VA 23521-3297

CIVIL SERVICE EMPLOYEE (APF) HEALTH AND WELLNESS PROGRAM  
STATEMENT

I understand that the NAVPHIBASE LCREEK/REGPUBSAFETY Civil Service Employee (APF) Health and Wellness Program is strictly voluntary. I also understand that this program uses official work time to allow participation in an exercise program. As such, the rules of conduct concerning work time apply.

My program will consist of:

Activity/(ies): \_\_\_\_\_  
\_\_\_\_\_

Location of activity(ies): \_\_\_\_\_  
\_\_\_\_\_

Times per week: \_\_\_\_\_  
\_\_\_\_\_

(More than one activity/location may be listed)

I understand that consulting my physician before beginning any exercise program is a wise decision; however, it is my decision to make, as annotated below:

( ) I consulted with my physician and evidence of my physician's approval of my selected fitness activity(ies) has been given to my supervisor. I understand my supervisor will keep the information confidential and it will not be used for any other purpose.

( ) I choose not to consult with my physician. In lieu of a physician's approval, I have completed the below medical screening indicating there is no medical reason known to me that would prohibit my participation in the activity(ies) I have selected.

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YES NO N/A QUESTION

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\_\_\_ \_\_\_ \_\_\_ Are you now 45 or older and not accustomed to the level of exercise you wish to pursue?

Since your last physical has there been:

\_\_\_ \_\_\_ \_\_\_ a. Significant change in your history of heart disease or high blood pressure which required you to restrict physical activity or seek medical treatment?

\_\_\_ \_\_\_ \_\_\_ b. Significant change in your incidence of discomfort in your chest, arms, or neck while exerting yourself or exercising?

\_\_\_ \_\_\_ \_\_\_ c. Significant change in your incidence of fainting or feeling you were about to lose consciousness?

\_\_\_ \_\_\_ \_\_\_ d. Significant change in any medical condition (such as diabetes, asthma, or bone/joint disease) which you think might limit your participation in an exercise program?

\_\_\_ \_\_\_ \_\_\_ e. Significant change in your family history such that your mother, father, brother, or a sister had a heart attack or died of heart disease before they were 45 years old.

\_\_\_ \_\_\_ \_\_\_ f. Significant change in your condition of obesity?

\_\_\_ \_\_\_ \_\_\_ g. Significant change in your smoking habits such that you now smoke more than two packs of cigarettes daily?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature/Date: \_\_\_\_\_

Directorate/Department Civilian Personnel  
Coordinator Acknowledgement/Date: \_\_\_\_\_

